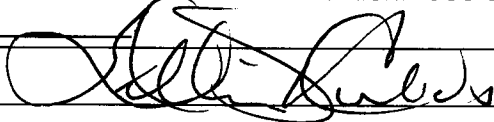


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i>		Application No.		10/066,841	
Addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Filing Date		February 4, 2002	
		First Named Inventor		Michael J. Wookey et al.	
		Art Unit		2144	
		Examiner Name		Michael Delgado	
		Attorney Docket No.		P7233	
Please change the Correspondence Address for the above-identified application to:					
<input checked="" type="checkbox"/> Customer Number		<b>32658</b>			
<b>OR</b>					
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City		State		ZIP	
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).					
I am the:					
<input type="checkbox"/> Applicant/Inventor					
<input type="checkbox"/> Assignee of record of the entire interest. Statement Under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
<input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <u>29,664</u>					
<input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____					
Signature					
Typed or Printed Name		William J. Kubida			
Date		<u>15 SEPTEMBER 2006</u>		Telephone	719-448-5909
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*					
<input type="checkbox"/> *Total of <u>1</u> forms are submitted					